

Resident Business License checklist and application

The City of Boulder City requires the following items to be submitted with your Business License Application:

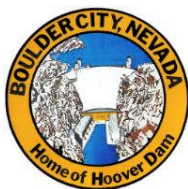
- ☐ A completed application (*incomplete applications will not be accepted.*) pages 3-4
- ☐ Child Support Status Statement completed for each business owner, (*pursuant to NRS 266.358*) page 5
- ☐ Proof of Nevada State Business License (*pursuant to NRS 76.100*) page 7
- ☐ Any Corporation, Partnership or LLC must also provide a list of officers/members filed w/ the NV Secretary of State.
- ☐ Proof of a sales tax permit issued from the NV Department of Taxation (*pursuant to NRS 364.110*) pages 9-14
- ☐ Completed Industrial Insurance Requirements form and/or proof of insurance policy (*pursuant to NRS 616A-D*) pages 15-16
- ☐ A copy of any required Federal, State or County licenses
- ☐ If your business involves any of the following, a background investigation must be conducted and a non-refundable fee of \$37.00 for said investigation will be collected at time of application, per owner. page 17
 - Astrologer, Psychic Arts, or similar business
 - Hypnotist
 - Locksmith or Safe Mechanic
 - Mobile Food Vendors (excluding special events)
 - Any and all Adult/Sexually oriented business
 - Pawnbroker
 - Secondhand Dealer
 - Liquor sales or distribution
 - Massage Establishment (does not include massage therapist)
 - Child Care or any business catering to children under the age of 18 yrs old
 - Smoke Shops
 - Tattoo Establishments
 - Driving services
 - or any applicant at the discretion of the License Officer, Finance Director, City Manager or Police Department representative.
- ☐ Health permit if applicable
- ☐ Letter or lease agreement signed by the owner of the property or property manager
- ☐ A completed Emergency Notification Form. page 19
- ☐ Copy of driver's license for each business owner

If the above items are not submitted with your application, it will be returned to you.

License fees will be collected after the license is approved, excluding investigations fees.

Make checks payable to: City of Boulder City

NOTE: All applications will be submitted for approval to the Fire department, Building department, Zoning and the landfill operator. Please be aware that all buildings must adhere to building and fire codes and be in compliance with zoning regulations for your specific type of business activities.



CITY OF BOULDER CITY RESIDENT BUSINESS LICENSE APPLICATION

401 California Ave., Boulder City, NV 89005
Mailing address: P.O. Box 61350, Boulder City, NV 89006
Phone 702-293-9219 Fax 702-293-9411
www.bcnv.org

DATE: _____

BUSINESS NAME (DBA):		LOCAL BUSINESS PHONE:		BUSINESS FAX:	
CORPORATE / ENTITY NAME:		EMAIL:		WEB ADDRESS:	
BUSINESS ADDRESS: (must be commercial)		CITY:		STATE: ZIP:	
BUSINESS MAILING ADDRESS:		CITY:		STATE: ZIP:	
BUSINESS OWNER #1		HOME PHONE:	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SSN (pursuant to NRS 266.368)	
HOME ADDRESS:		CITY:		STATE: ZIP:	
MAILING ADDRESS:		CITY:		STATE: ZIP:	
BUSINESS OWNER #2		HOME PHONE:	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SSN (pursuant to NRS 266.368)	
HOME ADDRESS:		CITY:		STATE: ZIP:	
MAILING ADDRESS:		CITY:		STATE: ZIP:	
BUSINESS OWNER #3		HOME PHONE:	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	SSN (pursuant to NRS 266.368)	
HOME ADDRESS:		CITY:		STATE: ZIP:	
MAILING ADDRESS:		CITY:		STATE: ZIP:	
PROPERTY OWNER:		CONTACT PHONE:			
ADDRESS:		CITY:		STATE: ZIP:	
TYPE OF BUSINESS: check all that apply					
<input type="checkbox"/> Retail new <input type="checkbox"/> Retail used <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Contractor <input type="checkbox"/> Tobacco <input type="checkbox"/> Delivery <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation <input type="checkbox"/> Outside dining <input type="checkbox"/> Live Entertainment <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Leasing <input type="checkbox"/> Amusement machines <input type="checkbox"/> Alcohol <input type="checkbox"/> Health services <input type="checkbox"/> Financial institution <input type="checkbox"/> Mortgage broker <input type="checkbox"/> Bank <input type="checkbox"/> Other _____					

DESCRIBE IN DETAIL THE NATURE OF YOUR BUSINESS AND HOW IT WILL BE CONDUCTED:

Include product sold, labor performed and/or services rendered. (Example: Retail sale of major appliances to public 60%; repair 40%)

OFFICE USE ONLY

Submitted on _____ PD _____ FD _____ Building _____ Zoning _____ Other _____ BD _____
License # _____ Class Code: _____ Date approved: _____ Fee: _____ Prorate _____

THIS BUSINESS WILL INCLUDE THE FOLLOWING:	
Coin Operated Machines:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ # of Machines
Telephone Solicitation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shared Office Space:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Units	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ # of Units <i>(Attach a list showing address and number of units at each address)</i>
REQUIRED INFORMATION:	
Frontage width of premises:	
No. of Employees (Full Time):	(include owners)
No. of Employees (Part Time):	
Hours of operation Per Week:	
ANNUAL BILLING <input type="checkbox"/> or SEMI-ANNUAL BILLING <input type="checkbox"/>	
IF A BILLING SELECTION IS NOT CHOSEN, DEFAULT BILLING WILL BE ANNUAL	

Affidavit questions and statement: (to be completed by each owner)

1. Have you ever been convicted for any misdemeanor, other than a minor traffic offense, or for any felony? ☐ Yes ☐ No
(If yes, attach a statement giving full details, including name of arresting agency, date of conviction, age, charge, court and location, and disposition for such misdemeanor or felony.)
2. Have you ever been refused a business license of any type in the State of Nevada? ☐ Yes ☐ No In any other State?
☐ Yes ☐ No (If yes, attach a statement giving full details, including the date, place and reason for refusal.)
3. Have you ever had a business license suspended or revoked at any time? ☐ Yes ☐ No
(If yes, attach a statement giving full explanation of each suspension or revocation, including the date thereof.)
4. Have you ever filed bankruptcy? ☐ Yes ☐ No (If so, give date of discharge in bankruptcy) _____
5. Are you indebted or obligated financially in any manner or fashion to the City of Boulder City, excluding current utility bills or land sale payments? ☐ Yes ☐ No (If yes, attach a statement giving full explanation of such indebtedness or obligation.)
6. Each applicant for a business in connection with the care and handling of food shall present a valid Health Permit from the Health Department for the premise. Permit # _____, Expiration date _____.
7. Attach a copy of all other permits or licenses required for this business.

I, _____, do hereby solemnly swear or affirm that all statements contained in this application are true and correct to the best of my knowledge and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue or revocation of a City license. If this application is approved and a license issued, it will be accepted by me subject to the terms and provisions of the "BOULDER CITY, NEVADA, BUSINESS LICENSE CODE," and such other rules and regulations as may at any time hereafter be adopted or enacted by Resolution or Ordinance of the City Council or Boulder City, Nevada. I further acknowledge that if a license is issued it will not be transferred to any other person at this location or used for the operation and conduct of such business at another location.

Subscribed and sworn to before me this

_____ Day of _____, 20____.

(Signature of Owner)

Notary Public or City License Clerk
(Seal)

Child Support Status Statement
(to be completed by each owner)

The Federal Welfare Reform Act, as implemented by the 1997 session of the Nevada Legislature by SB 356, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and renewals. Pursuant to this legislation (NRS 425.520 & 266.358) you are required to complete this statement and return it with your application. Failure to complete and return this statement will be cause to deny your business license application.

The undersigned has applied for a Business License in the City of Boulder City and pursuant to SB356 solemnly swears or affirms that the statement contained in this affidavit is true and correct to the best of his/her knowledge and that this statement is executed with knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for refusal to issue a Business License.

I understand that a copy of this statement will be sent to the State of Nevada, Department of Welfare, for verification.

Please indicate the appropriate response:

1. _____ I am not subject to a court order for the support of a child.

2. _____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

3. _____ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Date

Business Name

Signature of business owner



ROSS MILLER
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Nevada State Business License

Since October 1, 2009, filing and payment of the State Business License has been processed by the Secretary of State's office. Pursuant to [AB 146](#) passed by the 2009 Nevada Legislature, and codified in [NRS Chapter 76 - State Business License](#), the authority for the State Business License was transferred from the Department of Taxation to the Secretary of State. For entities that are required to file an initial or annual list of officers (Title 7 Entities) with the Secretary of State, you will be required to file for the State Business License at the time your list is due.

All other businesses, such as sole proprietors, general partnerships, or others not required to organize pursuant to Title 7 of the NRS, must file a new application or renew their existing State Business License with the Secretary of State's office after October 1, 2009. Applications and renewal forms for non-Title 7 entities may be found [here](#) and may even be filed online if the red "Online!" link indicates online filing is available for that particular action and entity type. For further clarification, see [Nevada Business License Fee Frequently Asked Questions](#)

Title 7 entities – A Title 7 entity is an entity organized pursuant to the laws of Nevada that files its formation documents with the Office of the Secretary of State. Title 7 entities are required to file an Annual List of Officers or its equivalent, and includes domestic and foreign qualified corporations, limited liability companies, limited partnerships, limited liability partnerships, limited liability limited partnerships and business trusts. For Title 7 entities, the State Business License application is included with the Annual List of Officers.

Title 7 entities **already on file** with the Secretary of State's office may file the Annual List (including the State Business License) by completing the appropriate form, available [here](#), and mailing, faxing, or bringing to our office. Annual lists may also be filed online IF NOT CLAIMING AN EXEMPTION FROM THE STATE BUSINESS LICENSE by clicking this link: [Title 7 Entities File Online!](#)

Be advised that effective August 6, 2011, Title 7 entities claiming a statutory exemption from the State Business License fee are required to attach a completed, notarized supplemental form to the initial or annual list: [Declaration of Eligibility for State Business License Exemption](#)

Please include the following documents if mailing or faxing to our office [Customer Order & ePayment Packet](#).

YOU CAN APPLY ONLINE AT WWW.NVSOS.GOV

OR VISIT THE LAS VEGAS OFFICE AT:

555 E WASHINGTON AVE #5200
LAS VEGAS NV 89101
702-486-2440

BRING PROOF OF REGISTRATION BACK WITH YOUR CITY APPLICATION



JIM GIBBONS
Governor
ROBERT R BARENGO
Chair, Nevada Tax Commission
DINO DICIANNO
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: <http://tax.state.nv.us>

1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

Affirmation of Compliance

Business owners meeting all of the requirements below may sign the Affirmation of Compliance (on reverse) to confirm they sell no tangible personal property and purchase only from Nevada licensed vendors.

- The business provides service(s) only
- The business does NOT sell any tangible personal property
- The business falls into one or more of the following categories:
 - 1) pet care / pet sitting (NOT veterinarians)
 - 2) lawn maintenance
 - 3) house cleaning
 - 4) travel agencies
 - 5) trucking
 - 6) courier services
 - 7) massage therapists
 - 8) real estate agents
 - 9) dancers
 - 10) entertainers
 - 11) bail bondsmen
 - 12) building inspectors
 - 13) employment placement agencies
 - 14) home owners' associations

All businesses which sell tangible personal property and any service businesses which do not fall into 1 of the 14 categories listed below are required to register with the Department of Taxation.

You can apply online at: <http://tax.state.nv.us>

Or you can visit any of the office locations listed above with your completed taxation forms.

BRING PROOF OF REGISTRATION BACK WITH YOUR CITY APPLICATION.

Nevada Department of Taxation

Affirmation of Compliance

Pursuant to NRS 244.335 and NRS 268.095, the local licensing agencies are imposed the responsibility to obtain from new business license applicants assurance of compliance with the state sales and use tax registration requirements (NRS 372.220). The affirmation of compliance below must be completed, signed and submitted to this office prior to the issuance of a license. If mailed or submitted by someone other than the applicant, this form must be notarized. All questions pertaining to this law should be directed to:

State of Nevada, Department of Taxation
555 E. Washington Avenue, Suite 1300
Las Vegas, Nevada 89101
Call Center (866) 962-3707

Nevada imposes a use tax on tangible personal property used in Nevada on which Nevada sales tax has not been paid. If you fabricate, consume or otherwise use untaxed tangible personal property, please contact the Department of Taxation before applying for your city or county business license.

Owner's name:	Business name:
Owner's address:	Business address:
City, State & Zip:	City, State & Zip:
Phone number:	Phone number:

The undersigned business license applicant declares:

I do not sell anything tangible, fabricate anything tangible, nor do I purchase tools, equipment, supplies, subscriptions or other tangible personal property from anyone other than registered Nevada retailers to whom I pay Nevada sales tax.

I understand that if any of the above information changes, I must contact the Department of Taxation **immediately**. Further, if at any time, now or in the future, I begin making sales of tangible personal property or consume tangible personal property untaxed in the state of Nevada, I will contact the Department of Taxation. Failure to do so may potentially leave my organization subject to tax, penalty and/or interest.

I do hereby affirm that the above information is true and correct, dated this _____ day of _____, 20_____.

Signature	Printed Name	Title

Subscribed and sworn to before me this

Business License Representative

_____ day of _____ . _____

Notary public (if mailed)

Important details are included in the instructions. Please type or print legibly in black ink. Each agency may request additional information depending on your type of business. Completing this form does not relieve you of any statutory or regulatory requirements relating to your business. Online registration is also available. See instructions.

APP-01.00
Revised 09-15-09

NEVADA BUSINESS REGISTRATION FORM INSTRUCTIONS

Completion of this form will provide the common information needed and/or required by participating state and local government agencies. Important details are included to help you provide the necessary information. It is important to respond to all items. Any omission could cause a delay in processing your registration.

WHO ACCEPTS THIS FORM? The Nevada Department of Taxation and the Nevada Employment Security Division (ESD). Also, most local governments accept the form.

WHAT OTHER INFORMATION MUST I PROVIDE? When applying with the Department of Taxation: All businesses must complete a Supplemental Application (APP-01.01) to determine correct fees. When applying with the Employment Security Division: If you employ agricultural or domestic workers or are a non-profit agency, you must complete a Supplemental Registration (NUCS-4058).

If you haven't yet received or applied for a Nevada State Business License, please contact the Nevada Secretary of State at (775) 684-5708 or visit their website at <http://nvsos.gov>.

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION - PLEASE COMPLETE IN ENGLISH.

- 1. I Am Applying For:** Check the boxes that apply. Nevada has no central database for business registration. You are required to submit a copy to each agency that is applicable to your business. Keep a copy for your records.
- 2. Check All Box(es) That Apply.**
- 3. Business Entity Type:** Indicate the structure and type of ownership of your business.
- 4. Corporate/Entity Name:** Enter the name as registered with the Secretary of State for the State Business License. Include a telephone number.
- 5. Federal Tax Identification Number:** Enter your Federal Tax Identification Number (FEIN). For information regarding a FEIN, contact the Internal Revenue Service at 1-800-829-4933 or go to <http://IRS.gov/business>. If you have applied for your number and have not received it, write "PENDING." If your FEIN changes, you must complete a new Nevada Business Registration.
- 6. Corporate/Entity Address:** Enter the complete address of the corporation and the state of incorporation.
- 7. Nevada Name (DBA):** Enter the name as it will be known to the public. Include a business telephone and fax number.
- 8. E-mail Address / Website Address:** Enter Email and Website Address information.
- 9. Nevada Business ID Number:** Enter the number as shown on your State Business License issued by the Secretary of State
- 10. Mailing Address:** This address will be used to mail any licenses, reports, tax returns, and correspondence.
- 11. Location(s) of Nevada Business Operations:** Enter the complete location of the business including suite numbers, apartment numbers, and street direction (N, S, E, and W). If there are additional locations in Nevada, please attach a list of all locations.
- 12. Location of Business Records:** Enter the complete address where business records are maintained during normal working hours. Include the telephone number of this location, if different from the business telephone number.
- 13. List All Owners, Partners, Corporate Officers, Managers, Members, etc.:** Include the full name, home address (street, city, state, and zip code), date of birth, title, percentage of business owned, and telephone number. If the business is incorporated, list all corporate officers. If the business is a partnership, list all partners. If the business is comprised of two corporations or other entities, list the officers/members/partners, etc. for each entity. Attach additional sheets if needed.
- 14. Dates and Amounts Regarding Your Nevada Business:** Enter the date the business started or will start Nevada operations. If adding a location enter the date your additional location will begin Nevada operations. Enter the date the first worker was hired in Nevada. Enter the date and amount of the first Nevada payroll. If this is a new business, enter the estimated number of employees you will have. If the business is currently operating, list the number of employees on the payroll.
- 15. Please Check All That Apply to Your Business:** If you check the box marked "Regulated by Federal/State Permit Number," attach a list that identifies the issuing entity and permit number.
- 16. Nature of Your Business:** Describe your business activities, goods, products, or services in Nevada. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.
- 17. Acquired, Changed, or Have a New Federal Tax Number:** On the first line, enter the date the business was acquired; check the boxes that apply to how the business was acquired; and the portion of the business you acquired. On the second line, list the name of the previous owner and the business name of the previous owner. On the third line, indicate the physical address of the business you acquired. On the fourth line, list your previous Nevada Sales/Use Tax Permit Number and the Employment Security Division (ESD) Account Number of the previous owner. If there is more than one previous owner, attach an additional sheet.
- 18. Signature Instructions:** **Make copies first and then sign each copy. Original signatures are required by each State and local agency.**
Legal signatures include: sole proprietor-owner, corporate officer, and managing member.

Toll Free (In State) for All State of Nevada..... 800-992-0900

Nevada Department of Taxation: Online Registration: <https://www.nevadatdex.nv.gov> – Website: <http://www.tax.state.nv.us>

Las Vegas.....	555 E Washington Avenue • Suite 1300 • Las Vegas Nevada • 89101.....	(702) 486-2300
Reno.....	4600 Kietzke Lane • Building L, Suite 235 • Reno, NV • 89502.....	(775) 688-1295
Carson City....	1550 College Parkway • Suite 115 • Carson City, NV • 89706.....	(775) 684-2000

Nevada Employment Security Division (ESD): Online Registration: <https://uitax.nvdetr.org> – Website: www.nvdetr.org

Las Vegas	(702) 486-0250	
Reno	(702) 823-6680	
Statewide (Mailing).....	500 E Third Street • Carson City, NV • 89713-0030	(775) 684-6300

If your business has or may have a discharge to the environment or needs a water appropriation permit, the following telephone numbers should be used for information concerning exemptions and to acquire applications:

Nevada Department of Conservation and Natural Resources: – Website: www.dcnr.nv.gov

Environmental Protection Division	(775) 684-4670
Water Resources Division (Water Appropriation)	(775) 684-2800

Nevada Department of Wildlife: (Industrial Artificial Pond Permit) – Website: www.ndow.org..... (775) 688-1500

Nevada Secretary of State: – Website: <http://whynevada.com> – a resource for Nevada..... (775) 684-5708

Local Business License Departments: To obtain the telephone numbers for local license departments, check the white pages of the telephone directory under the government name i.e. Clark County, Washoe County, Reno, etc.

NEVADA DEPARTMENT OF TAXATION SUPPLEMENTAL REGISTRATION

Please print clearly — Use black or blue ink only
Please mark applicable type(s) (See Instructions)

For Department Use Only

TID:

Dept. of Taxation Representative accepting application:

☐ Sales/Use Permit ☐ Consumers Certificate ☐ Certificate of Authority ☐ Live Entertainment Tax

1. DBA (as shown on the Nevada Business Registration Form):

2. Business telephone number: 3. List STATE of incorporation or formation if applicable:

FEES AND SECURITY DEPOSIT

4. Estimated total monthly receipts: 6. Estimated total Nevada monthly TAXABLE receipts:

7. Reporting cycle (check choice of reporting)
Sales Tax Accounts with over \$10,000 a month in TAXABLE sales must report monthly.

Monthly Quarterly Annual

Sales/Use Tax ☐ ☐ ☐
Use Tax ☐ ☐ ☐
Live Entertainment Tax Occupancy ☐ 200 to 7,499 ☐ ☐

8. Security (See Instructions) ☐ Surety # _____
☐ Cash \$ _____ ☐ CD # _____

9. Sales Tax Fee (See instructions): 10. Total Nevada Business Locations:

OWNER INFORMATION

****List should match Owner Information on Line 13 of the Nevada Business Registration Form****

Name:	SSN:
Name:	SSN:
Name:	SSN:
Name:	SSN:

OTHER INFORMATION

Name of spouse/relative	Address of spouse/relative	Phone number of spouse/relative
Name of other contact	Address of other contact	Phone number of other contact
Accountant/bookkeeper	Address of accountant/bookkeeper	Phone number of accountant/bookkeeper

Other employment (If applicable):
Company _____ Company _____

Name of bank/financial institution – location / account number:
Business _____
Personal _____

FOR DEPARTMENT USE ONLY

ST/UT No.: _____ MBT No.: _____

Combine Accts: ☐ Yes ☐ No Previous Acct: _____ Previous Acct Cancelled: ☐ Yes
☐ No

Comments:

****For an introduction to the Department and general information, see our Taxpayer Information Packet Online at www.tax.state.nv.us ****

APP-01.01
SUPPLEMENTAL APPLICATION
Revised 09-15-09

SUPPLEMENTAL REGISTRATION INSTRUCTIONS

Sales/Use Tax — A business which sells tangible personal property at retail or wholesale, and has a physical location in Nevada or enters Nevada to conduct business

Consumer's Certificate (Use Tax) — This certificate allows a Nevada business, not required to hold a Nevada Sales/Use Tax permit, to pay use tax directly to the State on tangible personal property purchased from a vendor not registered to collect Nevada sales tax. Example: Contractors who do not make sales and only purchase building materials for their own use from out of state. All businesses required to register for the State Business License that purchase tangible personal property for storage, use or other consumption in Nevada must also register for use tax. Registering for use tax does not require payment of a fee, nor does it require security.

Certificate of Authority — This permit is available to out-of-state businesses having no jurisdiction or nexus in Nevada. The permit allows an out-of-state business, who is not required to hold a Nevada Sales/Use Tax permit, to voluntarily register in order to collect and remit use tax as a convenience for its Nevada customers. This permit does not require payment of a fee, nor does it require security.

Live Entertainment Tax (LET) — Monthly tax is based on admission charges, merchandise, food and refreshment sales for non-gaming facilities providing live entertainment with maximum occupancy of 200 to 7,499. Monthly tax is based on admission charges only for non-gaming facilities providing live entertainment with occupancy of 7,500 or more. If the maximum occupancy is under 200, no tax liability exists. Maximum occupancy that meets or exceeds 200 must register for the Live Entertainment Tax. Maximum occupancy means the maximum occupancy of the facility as determined by the State Fire Marshal or local governmental agency.

1. DBA - Name doing business as

2. Business Telephone Number – please include area code

3. State of Incorporation or Formation – foreign corporations must be registered with the Nevada Secretary of State's Office to do business in Nevada

5. Estimated Total Monthly Receipts – this is the total of all gross receipts including wholesale sales, labor, exempt sales, etc

6. Estimated total Nevada monthly TAXABLE receipts – this is the total of taxable sales only of tangible personal property. Do not include wholesale sales, labor, exempt sales, etc

7. Reporting Cycle – Please indicate filing frequency desired. Sales or purchases exceeding \$10,000 require monthly reporting. Options may not apply to certain tax types.

8. Security — Check off type of security deposited. A Sales/Use Tax permit will not be issued until applicable security is submitted. In order to determine the security requirement, compute your average monthly taxable sales. Multiply taxable Nevada sales by the highest tax rate in Nevada, which is 8.10% as of 07/01/09. This is your estimated average monthly tax liability. Security is required equal to three times your monthly tax liability for monthly reporting or six times monthly tax liability for quarterly reporting. There is a minimum security deposit requirement of \$100.00. There is no maximum security. After three full years of perfect reporting, you may apply for a waiver of the security requirement.

9. Sales Tax Fee – A \$15.00 permit fee for EACH in-state business location is required. If the business does not have a physical location in Nevada, it must still pay a minimum fee of \$15.00. Total number of locations (#10) should be multiplied by the Sales Tax fee (example: 3 Nevada Business Locations times (x) \$15.00 fee = \$45.00.

10. Total Nevada Business Locations – number of physical locations in Nevada

11. Owner Information – Names should match owner information on Line 13 of the Nevada Business Registration. (Note: Federal law allows the use of social security numbers by state governments in the administration of taxes.)

12. Other Information – please complete all that apply

Note: Modified Business Tax (MBT) – General Business / Modified Business Tax - Financial Institutions (MBTFI) is a Quarterly tax based on gross wages reported to the Employment Security Department. There is an allowable deduction for qualified health insurance or plan. Exceptions include non-profit 501c organizations, Indian tribes, political subdivisions per NRS 612.055, and any person who does not supply a product/service but consumes a service. Contact the Employment Security Division to determine if you are required to register with that agency.

**THIS FORM MUST BE SUBMITTED WITH YOUR
NEVADA BUSINESS REGISTRATION FORM**

STATE OF NEVADA, DIVISION OF INDUSTRIAL RELATIONS
AFFIRMATION OF COMPLIANCE
WITH MANDATORY INDUSTRIAL INSURANCE REQUIREMENTS
(Instructions with Definitions are located on reverse side)

Business Name (Include any name doing business as)	Type of Business	Business Telephone Number	
Business Address	City	State	Zip Code
Federal Identification No.	Social Security No.	Contractor's Board License No.	
Name of Principal Owner (Please Print)		Principal Owner's Telephone No.	
Principal Owner's Address	City	State	Zip Code

Identified as: (Complete one section only)

- () That the above identified business has obtained industrial workers' compensation insurance as required by Chapter 616A to D, inclusive, of the Nevada Revised Statutes (NRS):

Effective Date of Coverage	Account Number
-----------------------------------	-----------------------

- () That the above identified business is not subject to the provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes, due to a statutory exemption or as a business which has no employees nor hires any independent contractor or subcontractor.

- () That the above identified business has a valid certificate of self-insurance pursuant to Chapter 616A to D, inclusive, of Nevada Revised Statutes.

Effective Date	Certificate Number
-----------------------	---------------------------

I declare that I have the authority to act on behalf of the above described business, and am applying for a license to operate said business as a(n): () Individual () Sole Proprietor () Partnership () Corporation

Name of Applicant (Please Print)	Applicant's Telephone No.		
Applicant's Residence Address	City	State	Zip Code

I do hereby affirm that the above information is true and correct.

DATED this _____ day of _____, 20_____.

Signature of Applicant (To be signed in the presence of the business license office employee)	Applicant's Title
--	--------------------------

Witness Signature - (Business License Office Employee)	Name of City or County
---	-------------------------------

If unable to sign this document in the presence of a Business License Employee, the Applicant's signature must be notarized.

SUBSCRIBED and SWORN to before me on this
_____ day of _____, 20_____.

NOTARY PUBLIC

D-25(1) (rev. 3/01)

INSTRUCTIONS

The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. **Subcontractors and independent contractors engaged in the same trade, business, profession or occupation as the hiring person or business, are by law considered to be employees.** One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors. You are not required to obtain industrial insurance coverage for the following employees: theatrical or stage performers; casual musicians; household domestics, farm, dairy, agricultural or horticultural laborers, or persons engaged in stock or poultry raising; voluntary ski patrolman; real estate brokers and/or salesmen; direct sellers; or clergy. Businesses which elect to obtain industrial insurance coverage for such persons, gain valuable rights and significantly reduce liabilities for injuries to these persons. **A business which hires persons who are exempt from the provisions of Chapter 616A to 617, inclusive, of the Nevada Revised Statutes may be held liable in tort for injuries to those persons.** A business which hires exempt persons may elect to obtain industrial insurance, including sole proprietor coverage and partnerships.

IMPORTANT NOTICE: Pursuant to the provisions of NRS 616D.200(1): Any employer within the provisions of NRS 616B.633 who fails to provide, secure or maintain compensation as required by the terms of this chapter, is: (a) for the first offense, guilty of a **misdemeanor** and (b) for a second or subsequent offense committed within 7 years after the previous offense, guilty of a **category D felony**.

Definitions for Purposes of this Affirmation:

"Applicant" is the person executing this document.

"Business Name" is the name under which the business will operate, including the identification of any other names under which the entity will do business.

"Corporation" is a business which is incorporated in the state of Nevada or in any other state, and which is recognized as an active corporation by the Secretary of State for the State of Nevada.

A Type of Business@ means the nature of business . . .

"Individual" is a person who operates a business which hires no employees, subcontractors or independent contractors.

"Partnership" is a business which is owned and operated by two or more individuals who share ownership rights to the net profits of the business and who share in all the liabilities of that business. A limited partnership is included in the term partnership if the limited partners are investors only, and do not perform services for the business.

"Principal Owner" is the owner, sole operator, designated general partner, or resident agent for the corporation.

"Sole proprietor" is a self-employed owner of an unincorporated business and includes working partners and members of working associations which may or may not hire employees.

CITY OF BOULDER CITY

401 California Ave
Boulder City NV 89005

BACKGROUND INVESTIGATION REPORT
DISCLOSURE OF INTENT TO OBTAIN
CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS

INVESTIGATION FEES ARE NON-REFUNDABLE

For business/liquor licensing purposes, the City of Boulder City may obtain consumer reports on you as a business/liquor license applicant. "Consumer reports" are reports from consumer reporting agencies and may include county and national criminal records, etc.

For such business/liquor licensing purposes, the City of Boulder City may also obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

AUTHORIZATION

I authorize the City of Boulder City to obtain consumer reports and/or investigative consumer reports regarding me for business/liquor licensing purposes.

Signature: _____

Date: _____

Print Name: _____

SSN: _____

Driver's License Number: _____

State: _____

Other Driver's Licenses Held in Past 5 Years: _____

Print Maiden or Other Names Under Which Records May be Listed: _____

Date of Birth (to be used only for proper identification): _____

Current address: _____

Previous Address _____
(If less than 1 yr at current address)

If the City of Boulder City requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, indicate here:

Sign and Return the Page for Filing

Copy to Applicant

CBC FCRA FORM – 1

EMERGENCY NOTIFICATION SHEET

BUSINESS NAME:			
BUSINESS ADDRESS:		BUSINESS PHONE:	
BUSINESS OWNER(S) INFORMATION:			
NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	PHONE:
NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	PHONE:
NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	PHONE:
PROPERTY INFORMATION (LEAVE BLANK IF UNKNOWN)			
PROPERTY OWNER:		ADDRESS:	
CITY:	STATE:	ZIP:	PHONE:
LOCAL CONTACT (MANAGER OR TENANT):		ADDRESS:	
CITY:	STATE:	ZIP:	PHONE:
EMERGENCY CONTACT:			
NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	24 HR CONTACT PHONE:
NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	24 HR CONTACT PHONE:
NAME:		ADDRESS:	
CITY:	STATE:	ZIP:	24 HR CONTACT PHONE:

**LIST ANY HAZARDOUS MATERIALS THAT MAY BE STORED ON THE PREMISES IN THE SPACE PROVIDED BELOW.
THIS IS IMPORTANT IN CASE OF FIRE ON THE PREMISES.**

**CONTACT THE BOULDER CITY POLICE DEPARTMENT, COMMUNITY SERVICES OFFICER, AT (702) 293-9224 TO UPDATE
ANY OF THE ABOVE INFORMATION.**

FOR INFORMATIONAL PURPOSES ONLY

After you have submitted your application to the business license office,
please call the Fire and Building Departments to schedule inspections.
You may also need to contact Boulder Disposal to establish commercial disposal services.

FIRE DEPARTMENT	702-293-9228
BUILDING INSPECTION HOTLINE	702-293-9327
BOULDER DISPOSAL	702-293-2276

SIGN PERMITS

Contact Community Development at 702-293-9282

(Zoning regulations for signs can be found online at bcnv.org: Go to the Resources tab, City Codes, Title 11, Chapter 24)

RESOURCES:

Department of Taxation

**Henderson Office*

555 E. Washington Avenue Suite 1300
Las Vegas NV 89101
702-486-2300

2550 Paseo Verde Pkwy Ste 180
Henderson NV 89074
702-486-2354

web address: tax.state.nv.us

Southern Nevada Health District

**Henderson Office*

625 Shadow Lane
Las Vegas NV 89106
702-759-1000

129 W. Lake Mead Dr Ste 10
Henderson NV 89015
702-759-0501

Web address: southernnevadahealthdistrict.org

Nevada Secretary of State

**Las Vegas office*

202 N Carson Street
Carson City NV 89701
775-684-5708

555 E Washington Ave #5200
Las Vegas NV 89101
702-486-2440

Web address: nvsos.gov

Nevada State Contractor's Board

2310 Corporate Circle Ste 200
Henderson NV 89074
702-486-1100

Web address: nvcontractorsboard.com

Department of Motor Vehicles

1399 American Pacific
Henderson NV 89074
702-486-4368

Web address: dmv.nv.com

County Clerk

200 Lewis Ave
Las Vegas NV 89155
702-671-0500

Web address: accessclarkcounty.com/clerk

FOR INFORMATIONAL PURPOSES ONLY
Boulder City Fire Department
1101 Elm Street
Boulder City, NV 89005
702-293-9228

Commercial Fire Inspection Checklist for New Business Inspections

Please contact the Fire Department for your New Business Inspection once you have moved any and all equipment, supplies, computers, etc into the business address (as if you were ready to open the business tomorrow).

The inspectors will be looking for the following compliance areas, if applicable:

Exit Ways:

Identify exit doors and clearly mark with Exit Signs that are "Illuminated" If no power, you may use a **Self-Luminous Exit Sign** (they are warranted for 10 years). Make sure that no flammable liquids are near exit ways. Make sure that nothing is in front of your exit doors. Exit door must have sign "Must Remain Unlocked During Business Hours". Provide exit signs to indicate direction of egress.

Storage:

18" clearance for heat-producing appliances. Combustible materials storage must be orderly. Remove any kind of storage from exits, aisles and corridors. Remove storage from mechanical room. Make sure that storage is not too close to the ceiling.

General:

Place address so it is visible from the street from both directions. Contrast the color of the address number with the color of the background. Illuminate the address directly or indirectly so it is visible at night. Address must be displayed at each entrance - less than 100 feet from the curb requires minimum of 8 inch high numbers; further than 100 feet from the curb requires minimum of 12 inch high numbers. Unit number on rear door must be a minimum of 3 inches high.

Alarm Systems:

Provide key box with proper keys. Provide alarm system maintenance agreement. Alarm system maintained, tested and tagged by State Fire Marshal approved company.

Sprinkler Extinguishing Systems:

Provide sprinkler maintenance agreement. Repair defective, damaged, corroded, or painted heads immediately.

Fire Extinguishers:

Have extinguisher(s) serviced and tagged annually. Hang extinguisher top no more than 5 feet from floor. Post sign for extinguisher(s) that are not readily visible. Approved fire extinguishers - 3A40BC - can be purchased and tagged through any fire extinguisher company. Look in Yellow Pages under "Fire Extinguisher".

Electrical:

Provide cover plates for electric outlets. Make sure there is no use of extension cords. Power surge protectors are allowed.

Commercial Cooking:

The hood system must have been serviced and tagged in the last six months; if not, have service performed. Clean grease filters. Must have a 40BC extinguisher within 30 feet of cooking. Extinguisher system must remain operative at all times. Provide maintenance agreement with fire protection company to the Fire Department.

Gases:

Identify compressed gas cylinders. Secure compressed gas cylinders. Provide protection for gas meters. Indicate individual unit numbers on meter banks.

Inspections are done Monday - Friday, except holidays, between the hours of 10:00 am and 4:00 pm. The on-duty Boulder City Fire Department crewmembers perform Business Inspections. We try to give an approximate time of the appointment however, if there is an emergency call, the crew will try to be at your place of business as soon as possible after the emergency call.

FIRE DEPARTMENT REQUIRED PERMITS

A permit is required from the Boulder City Fire Department to engage in the activities or use products listed below. In some cases, the permit is required only when quantities exceed a threshold amount. Consult the Fire Department to determine if a permit is needed (293-9228).
Not limited to: All permitted items not listed.

Annual

Aerosol products
Aircraft refueling vehicles
Aircraft repair hangar
Assembly
Automobile wrecking yard
Battery system
Commercial rubbish handling
Compressed gases
Cryogen's
Dry cleaning plants
Dust producing operations
Flammable and combustible liquids
Hazardous materials
Hot work operations
LPG-storage and use
Lumber yard
Magnesium working
Motor vehicle fuel dispensing station
Ovens
Place of assembly
Radioactive materials
Refrigeration equipment
Repair garage, vehicles & boats
Monitoring station
Spray booth
Spraying and dipping
Tire storage
Wood products

One-Time

Asbestos removal
Bowling pin or alley refinishing
Candles and open flames
Carnival and fairs
Explosives or blasting agents
Fire alarm system-installation
Fire extinguishing system-installation
Fireworks
Gates, automatic
Parade floats
Pyrotechnic special events
Temporary membrane structures,
Tents and canopies

OFFICE USE ONLY

POINTS CALCULATION

CLASS: ☐ A ☐ B ☐ C

SPECIAL CHARACTERISTICS:

FRONTAGE FEET:

EMPLOYEES (FULL TIME)

EMPLOYEES (PART TIME)

HOURS OPERATED:

RENTAL UNITS: ____ X 50

TOTAL POINTS ____ X .015 CENTS = \$

SEMIANNUAL FEE (\$40.00 MIN)

X 2 = \$

ANNUAL FEE (\$80.00 MIN)

TRADESMAN FEE: \$ SEMIANNUAL FEE

\$ ANNUAL FEE

PRORATED FOR ____ MONTHS = \$

APPLICATION ☐ APPROVED ☐ REJECTED

On ____ (Date)

License Officer

License Clerk

Comments

CHECKLIST:

Background Investigation Report: _____

Child Support Statement: _____

NV State Business License: _____

Department of Taxation: _____

Division of Industrial Relations: _____

Clark County Health Permit: _____

Emergency Notification Form: _____

Rent Receipt: _____

Drivers License: _____

Any State/County license or permit: _____

Proof of filing w/ NV Secretary of State: _____

Affidavit _____